The Out-of-Body Trip: What a Way to Go!

By Joan Kron

"... Parapsychologists are interested in out-of-body experience because it has implications for survival after death ..."

On this past Halloween morning—after a dark and stormy night—I saw the past, present, and future at the Waynesboro-Afton Holiday Inn, near Charlottesville, Virginia.

A cow had somehow strayed onto U.S. Highway 250 and was trotting along, unnerving motorists; in the inn's parking lot, a flotilla of Corvettes was lined up for a convention of Corvette owners; and in three adjoining rooms on the upper level, thirteen men and women, including me, were lying in bed wearing earphones, trying to achieve an out-of-body experience—a phenomenon in which one feels one's consciousness is located outside the physical body.

Out-of-body experience (OBE) could be the next body-control fad, a rival for fasting, yoga, TM, biofeedback, etc. But instead of being a means to *control* the body, OBE lets you escape the body. It's supposed to be a pleasant trip. And if you're looking for a meaningful experience, it couldn't be more so, for it poses questions about existence and nonexistence.

Parapsychologists are interested in the OBE for two reasons, says University of California parapsychologist John Palmer: One, because "the OBE might be a state particularly conducive to ESP [extrasensory perception]" and two, because "it would have implications of survival after death, [since] what can function outside the body before death might be able to function [outside] the body after death."

No wonder people are beating a path to Robert Monroe's door in Afton, Virginia. His M-5000 training program is a painless, nontraumatic course in OBE using recorded speech and sound effects—and it's almost ready to go national. Some 600 pioneers have already tried it, and Monroe has a branch program in San Francisco. When I arranged to join one of the weekend sessions, insiders warned me I'd be spending a lot of time in bed. And Monroe warned me I couldn't expect to have an OBE on the first weekend. But I had high hopes for instant success. After all, I am an American.

The $175 weekend (plus meals and motel room) did not attract the usual parapsychology crowd, although there were some in the group who knew their way around a séance table. There were three college students from Buffalo, a chiropractor from South Dakota, a woman who had founded the Louisiana Society for Psychical Research, another who had recently lost her husband (and whose daughter is writing a book on ESP in dogs), an accountant whose hobby is religion and philosophy and who believes he's been reincarnated, a woman from the *National Enquirer*, a young man who works for Monroe, and an ordained minister. In addition, there were two young men—a hematologist from Washington, D.C., and a professor of psychological counseling—who were referred by Illinois psychiatrist Elisabeth Kübler-Ross, the cult figure of the death-and-dying movement and a Monroe booster.

"Elisabeth Kübler-Ross got out [of her body] both times she took the program," said one of the Monroe trainers.

We were not so lucky. In the course of the three-day program no one claimed to have achieved liftoff. We had lain on our adjoining beds through three 45-minute tapes on Friday evening, nine 45-minute tapes on Saturday, and had about six to go on Sunday—and still nothing.

The tapes evolved over a ten-year period. In 1973 Monroe took them—by invitation—to the Esalen Institute in Carmel for a tryout. In the M-5000 training-program jargon the tapes play combinations of sounds (using a patented sleep-inducing method) with delta-theta pulsing, plus a binaural beat to help the left and right brain hemispheres get in sync. The voice-over instruction—some barely audible—is a step-by-step buildup with each tape guiding you from relaxation to visualization exercises to deeper relaxation to mental-imaging techniques for perceiv-

Illustrated by Milton Glaser

"... on one 'astral flight,' claims Monroe, he visited the home of a skeptical woman friend and gave her an astral pinch ..."

ing and controlling nonphysical energy and refocusing consciousness away from physical reality. But to me it sounded like ocean waves with a mesmerizing voice telling me, *"Now you will conduct your exercise in resonant breathing as I guide you. . . . You will know you have reached the resonant point when you feel an intensive vibration and hear a roaring or hissing sound in your head or experience patterns of light. . . ."*

And so it goes, hypnotically and somewhat pretentiously, from C-One (your conscious physical waking state), to Focus Ten (body asleep, mind awake), to Focus Twelve (state of expanded nonphysical awareness), to exercises in remote viewing of a six-digit number (no one guessed it right), to psychokinesis (trying to make a cotton ball rise—it didn't), to your energy bar tool (sort of a mental chinning bar), to Focus Fifteen (the state where time does not exist or is unimportant), to, it is hoped, the discrete out-of-body state.

The woman from Louisiana kept falling asleep and someone else found himself swallowing a lot. "They were resisting," we were told. Some people in other sessions dropped out because "they might not be able to take the assault on their value structure." I had a brief moment when I felt I was flying over New York, but maybe that was what scientists call the "halo" effect—trying to please the teacher—except I didn't tell my teacher.

"Why do I pursue this?" asked the physician from Washington, rhetorically, in one of our walks around the deck between tapes. "Because I trust Kübler-Ross," he answered himself. "She says it happens, so I believe it happens."

I *know* it happens. I have had many OBE's myself, years ago in the dentist's chair when nitrous oxide (laughing gas) was commonly used for anesthesia. On those occasions, I relished the sensation of floating out of my body up to the ceiling, looking down on myself. It wasn't like dreaming, because I felt fully aware, present. I could even talk to my doctor. There was a dizzy *Fantasia*-like delirium about it that made me feel omnipotent. The only thing I disliked about those levitations was the smell of the gas.

For years, I felt unique for having had those experiences. But now I've learned that untold thousands of ordinary Americans have had OBE's. They can be triggered by therapeutic drugs, marijuana, LSD, anesthesia, hypnosis, meditation, sensory
treme stress.

"But the best way to have an OBE," says University of California psychology professor Dr. Charles Tart, "is to almost die."

Whether it's the best way for you to have one or not, it guarantees quick attention from doctors of varying specialties who will want to debrief you for their forthcoming books.

And if you have OBE's often enough or can achieve them at will, you may be invited to Stanford Research Institute in California, the Psychical Research Institute in Durham, North Carolina, the American Society for Psychical Research in New York City, or the Clarke Institute in Toronto, Canada—where you will be hooked up to brainwave machines and tested on all sorts of neurological equipment to help science fathom the enigma of the OBE. The big question is, when it's not caused by body-chemistry alteration, fever, or trauma to the brain, what is the OBE state's neurophysiology? Scientists are fairly sure about what it's not. It's not a dream state; it's not a sleep state. The only consistent finding emerging from studies, says John Palmer, "is a reduction of eye-movement activity during OBE's."

Gifted OBEers are almost as rare as certifiable ghosts—the most notorious ones around are New York artist Ingo Swann, Maine psychic Alex Tanous, parapsychologist Stuart "Blue" Harary, who works at Brooklyn's Maimonides Medical Center, and M-5000 entrepreneur Robert Monroe. They all claim that they can travel and/or project their consciousnesses, or "doubles," as they're called, to other locales. One of the aims of Monroe's program is to turn up gifted OBEers for his eight-person "explorer group." "We're really paying Monroe to be his guinea pigs, aren't we?" said the Louisiana woman in a flash of enlightenment.

Monroe is the author of *Journeys Out of the Body*, which chronicles his experiments with inhaling glue fumes, followed soon after by his first spontaneous OBE at age 43, and since then his continuously recurring OBE's. On one "astral flight," Monroe claims, he visited the home of a skeptical woman friend and gave her an astral pinch. The resulting black-and-blue mark is proof, say believers, of his dual existence in the OBE state. Monroe claims he can now "fly" in tandem with his wife and that two of his "explorers," a husband and wife who live miles apart, visit each

keeping a diary, but," says Monroe with a wink, "I don't think they're putting everything that happens in it."

The 61-year-old Monroe seems to need to legitimize his OBE's to prove that they're more than hallucinations or altered states of consciousness, so he's building an institute to go with them, complete with a "respectable" board of advisers (Kübler-Ross is one), sci-fi jargon, and a hypothesis that ESP and OBE's are related to some kind of more intelligent life on other planets. His explanation reads like a B-movie script. And it's expectable from a man who scripted a few episodes of *The Shadow* when he was a New York writer, producer, and programmer in radio's early days. Today Monroe sells the out-of-body trip the way Don Wilson sold Jell-O. "The main thing is how do you feel about the Ten state? Can you feel the difference between the Ten state and the Twelve state? You'll get to the 'I know' system—'I know I am something other than physical matter.' That's the beginning stage. You don't need proof for that. . . . You must overcome the barrier of nonknowing. . . . You can't crash-program out of your body. . . . You must log a number of exercises. Our failure rate is zero [if you practice]. Ten is simplistic. Twelve is the gateway. I won't begin to tell you the things you can do with it."

Monroe's brochure claims his courses are good for almost anything: Healing. Re-energizing yourself. Pain reduction. Dehabituation from smoking, drugs, and overeating; concentration and decision-making techniques; accelerated data-learning; exploration and contact with other energy systems. "So have a good time, folks, up there in Twelve," says Monroe. "When you get into Twelve, you're on the fringe of space time." And "Thank you," joked our leader, Nancy, his stepdaughter, "for flying Monroe-via."

Though "flying" out of the body may be an intriguing diversion in itself, a prime concern of the OBE buffs is its relevance to life after death.

Life-after-death (also called survival) research isn't new. It started in the nineteenth century and got a tremendous boost in the late 1940s when prospector James Kidd bequeathed nearly $300,000 to anyone who could prove that the soul survives death. In 1972, after the "Great Soul Trial," Kidd's money was finally divided between the American Society for Psychi-
and the Psychical Research Foundation (PRF) in

Both organizations used the money to test the separate existence of the OBE-er's "double." It was hard to prove. Meanwhile, ASPR research director Dr. Karlis Osis, with some extra support from Xerox inventor Chester Carlson, also did a cross-cultural survey of deathbed visions as reported by doctors and nurses.

According to Osis, many dying patients insist they have glimpses of post-mortem existence, persons long dead, scenes of otherworldly beauty. Especially common were apparitions of the patients' deceased mothers, spouses, and offspring, whom Osis calls "take-away figures," whose role was to take the dying patients to the other side. "The data," says Osis, "are more consistent with life after death than with death as total destruction. But it's not proven."

Where the parapsychologist won't rush to conclusions, psychiatrist Elisabeth Kübler-Ross doesn't fear to tread. "I'm convinced beyond a shadow of a doubt that there is life after death," she said in a recent newspaper interview. Her encounter with the materialized persona of one of her deceased patients seems to be one of her proofs. Her other "proofs" of life after death are the out-of-body experiences of dying patients.

God knows I'd like to believe in life after death. Like most survivors, I have yearned to be, even dreamed of being, united with my dead daughter. Sometimes when I put the key in the lock of my apartment door, I feel she is hovering over me in the hall. After she died, it was comforting to imagine her being taken care of by all those who had predeceased her—my grandfather, my father, my friend's son.

The theory of evolution notwithstanding, belief in "the other side" is almost a reflex action. Miracles are programmed into us from the beginning—through our religions, our mythology, and our fairy tales. "If you believe in fairies," says Peter Pan, "Tinker Bell will live." And if you don't believe in fairies, Tinker Bell will die. Following that line of reasoning, if you believe in life after death, you will find it—and if you don't, you won't. So we skeptics hunger for proof.

It's no surprise, then, that Dr. Raymond Moody's book, *Life After Life*, embellished with a foreword by Kübler-Ross, is a best-seller. There was a favorable reaction from all religious denominations, and sales of the book went out of sight.

Members of the thanatology community (who study death), however, had fits. After working for years to con- [illegible] at the psychology of death and dying was a worthy sub-

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ject for scientific study, one of their own members, Kübler-Ross (who was already getting flak from her colleagues for her stages-of-dying theory), was now steering thanatology into spiritualist waters. "I admire Elisabeth tremendously," said one colleague, "but I don't believe in mixing one's religious beliefs with science." "I have left instructions," said another, "not to let that woman within a mile of my deathbed."

But most of the critical blasts are aimed at the 32-year-old Moody, a psychiatry resident, now on leave from the University of Virginia to write a sequel to his best-seller. "As anecdotes, I'd give the book B-minus," says University of California professor of thanatology and suicide expert Dr. Edwin Shneidman, "and as research, I'd give it D-minus."

Life After Life is based on interviews with 50 people who came close to death through accident, illness, or injury—as well as some who were judged or pronounced clinically dead and were resuscitated. Nowhere in the book, however, does Moody state exactly how many of his subjects were pronounced dead, or how many had a spiritualist orientation. Moody says merely that he himself has never been interested in spiritualism and that many of his subjects were doctors and nurses, from which, presumably, we are to infer that they are totally objective about their experiences.

In a recent lecture at Columbia-Presbyterian Medical Center, Moody said that fifteen elements crop up again and again in the experiences of his subjects: "There was an alarming auditory sensation, like a swarm of bees—this is referred to as the moment of death. Many people said they heard the doctor pronounce them dead. Then there was a feeling of being drawn down a tunnel, valley, or sewer, then the sensation of looking at their body from outside of it, of floating on the ceiling. They feel they can't get through to their doctors and nurses. They often feel someone who has died before them is there to meet them. They have flashes of their life or a panoramic review of it—in 3-D, all at once, not sequentially. And they see a being of light, a loving, warm, accepting being that most of them called 'he' or Christ or the Supreme Being or the angel."

"It's fascinating as near-death experience," said Boston psychiatrist Richard Blacher. "The trouble lies in the subtle extrapolation [illegible] curred after dying. Death is not the same as dying. Flying to San Francisco is not the same as San Francisco. Just because the patient heard the doctor say she was dead doesn't mean she was dead. . . . Maybe it was a lousy diagnosis."

Even Moody admits, "I certainly don't think that a logical conclusion can be drawn that these are life-after-death experiences," thereby contradicting his own book title and book jacket.

So why did Moody, a man the Bantam P.R. person says has "this integrity thing," call his book *Life After Life*? "I didn't pick the title," Moody told me. "But . . . I especially like it because it doesn't say life after death."

And why does his Bantam paperback bear the subhead "Actual case histories that reveal there is life after death"?

"It's hard to trust the copy on the covers of books," says Moody. Then he adds, "Just as it's impossible to infer there is survival after bodily death, there is no way to assume that there is not."

The "clinical death" cases in his book refer to people whose heartbeat and respiration had stopped, who had no blood pressure, and whom the physician had considered dead. "Cardiac or even respiratory standstill does not, however, automatically mean the onset of clinical death," it says in the 1976 *Encyclopaedia Britannica* section on death authored by Elisabeth Kübler-Ross. "The pronouncement of death is much more problematical and controversial than most people realize," says medical ethicist Dr. Robert Veatch. "When a person says, 'I died for three minutes and had this experience,' this person was not dead. He or she transiently ceased respiration and heartbeat but not all brain function. Key brain function had to be there or the person couldn't come back." Even Moody concedes the "return" to life of these people was "no physiological miracle . . . something was going on in those bodies in order for them to be resuscitated." But what accounts for the out-of-body visions of these near-death experiences? As Moody admits in *Life After Life*, they might be attributed to drugs, isolation, or cerebral anoxia. When oxygen levels are tampered with, you can get all sorts of subjective visions and dissociative effects like OBE's.

But please don't call it hallucination, as if comparing these patients to psychotics. Many of these people, says [illegible] cians that their experience was a hallucination or a religious experience. We need to reassure patients they are not [crazy]."

But apparently no one ever needs to reassure them again about dying. "People who have survived this experience are no longer afraid to die," says Moody.

Must you almost die to conquer your fear of dying?

According to parapsychologist John Palmer (in a paper entitled "Consciousness Localized in Space Outside the Body," published in *Osteopathic Physician*, April, 1974), "Many persons who have had striking OBE's report that the experience convinced them of survival after death and eliminated their fear of death. Whether or not this conclusion is objectively valid, it does suggest therapeutic possibilities for the OBE. . . . [It] may help persons engaged in high-risk occupations...where fear... may adversely affect . . . performance. [It] might also provide comfort to patients in certain stages of terminal illness."

Kübler-Ross, who once said she "expected to die fighting and not accepting," is now an adviser to Robert Monroe on his Star System program—an OBE course for the terminally ill that has certain similarities to earlier studies using LSD for the terminally ill.

"It's a program to help the dying get a foothold on the other side," says Monroe. "If there is a great beyond, there's a place for out-of-body. Given three months, we can easily train a person to achieve out-of-body experience and change his concept of death and establish a beachhead where he's going."

Encouraging the dying to believe in an afterlife isn't new. "I don't discourage a belief in life after death," says Philadelphia hematologist Dr. J. Lawrence Naiman, who works with leukemic children. "It's a strong element providing comfort in dying children and their families." The Monroe program doesn't discourage it either.

During the M-5000 weekend, the leader casually mentioned that "one woman took the course to try to reach her son who had died." My pulse quickened. (I have never tried to communicate with my daughter. I do have a friend who prearranged all sorts of signals with her husband when he was dying, but after his death she never received a message or sign.) The next day I asked nonchalantly if that woman had ever reached her dead son. A lot of people [illegible] looked relieved that someone had asked. "Not during the train-

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ing-program weekend," we were told. "She reached him after months of practice at home."

The search for reunion with the lost love object, as C. Murray Parkes points out in his book *Bereavement*, is biological—an animal instinct. Similarly, the griever is drawn to reunion like the moth to the flame. Many suicides are reunion-bound. So I felt ambivalent about this possibility—attracted and at the same time guilty for not wanting to leave life yet. Still, I was curious to talk to that woman. As it turned out, she had never actually "been able to contact" her son. However, since she had taken the Monroe course she had had a dream in which her son told her not to worry about him—he was not alone.

Whether or not OBE can help survivors, do we need an OBE rehearsal for dying? A paper by University of Iowa psychiatrist Russell Noyes Jr. and clinical psychologist Roy Kletti entitled "Depersonalization in the Face of Life-Threatening Danger: A Description" and a subsequent interpretive paper could save you hours of practice with earphones. Noyes and Kletti interviewed 104 people who had had near-death experiences.

"The accounts revealed the almost instantaneous development of depersonalization"—a cluster of reactions including altered perception of time, lack of emotion, feeling of unreality, altered attention, sense of detachment, loss of control, panoramic memory, and the inability to describe it—"followed . . . by a separation of the observing from the participating self [OBE]. . . . Depersonalization," write Noyes and Kletti, ". . . appears to be an almost universal reaction to life-threatening danger. As such it may be a basic adaptive pattern of the nervous system. . . ."

"It's an emergency mechanism," Noyes told me, "a reflex action, if you like," which, as his article explains, "has been viewed psychologically as a defense against anxiety. Freud felt we tend to eliminate death from our lives by becoming . . . detached observers. Our own death is indeed unimaginable, so we perceive that we really survive as spectators. Thus, in the face of mortal danger, we find individuals becoming observers . . . effectively removing themselves from danger."

Noyes reports that 49 percent of the people he interviewed experienced detachment from body. A sense of harmony [illegible] subjects, and the authors say the mystical extension of this experience occurred almost exclusively in persons in whom some alteration of cerebral functioning might be presumed to have occurred—for example, cases of drowning, where, it's implied, there might have been a lowered level of oxygen to the brain. And 47 percent of those who believed death imminent had panoramic memories. Although much the same symptoms are found in depersonalization brought on by marijuana intoxication, says Noyes, the revival-of-memories component appears to be more closely associated with life-threatening circumstances, and bears a striking resemblance to a typical grief reaction, where memories of deceased persons, resembling lifelike presences, are reported during the acute stages and represent a bereaved person's clinging to and at the same time severing ties with the lost loved one. It could also explain Osis's "take-away figure." What about the tunnel Moody's people see? "I've heard of experiences like that but not very many," says Noyes.

While there's no question that people are concerned about the hereafter, studies show that people don't fear death nearly as much as they fear dying. Will I be in pain, disfigured, abandoned? These are the universal fears. "What does it feel like to die?" is a question that's common to patients who know they are dying.

Noyes's work, contrary to Moody's, addresses these fears by explaining the out-of-body experience and the accompanying phenomena as an automatic component of *dying* rather than a presumption of being dead. "One may take comfort," says Noyes, "from the fact that if suddenly confronted by [imminent] death, one might find within oneself the resources for coping with that frightful prospect. In such an urgent moment, the strength may be found to effect a rescue, but failing that, to face life's end with serenity—even acceptance."

Yes, I find that a tremendous comfort. And it makes me suspect that it's no more necessary to rehearse for dying than it is to learn to breathe.

But don't let me ground you. The nonchemical out-of-body trip may just possibly be—like meditation—a first-class ticket to relaxation, self-actualization, and enlightenment.

It may also be the quintessential vicarious experience for our plastic surgery–prone, de-aging, death-denying [illegible] people have every intention of living forever. ■